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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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Priority claimed or U.S. 119(a)-(c) continuations from Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No JOHN O. CHAVIN <small>TELEPHONE NUMBER 100-0000</small>	<input type="checkbox"/> Mail after Attorney 1000 <small>TELEPHONE NUMBER 100-0000</small>	STATE OR COUNTRY NY	SHEETS DRAWINGS 11	TOTAL CLAIMS 289	INDEPENDENT CLAIMS 207
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## TITLE

Method and system for data file processing

FILING FEE RECEIVED 1544	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Excl. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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